

# Exit Application

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Exit: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Reason for Leaving:

- |  |   |
|--|---|
| <input type="radio"/> <u>Completed Program</u>                       | <input type="radio"/> <u>Left for a Housing Opportunity before completing program</u> |
| <input type="radio"/> <u>Non- Payment of Rent/Occupancy Charge</u>   | <input type="radio"/> <u>Non-Compliance with program</u>                              |
| <input type="radio"/> <u>Disagreement with rules/person</u>          | <input type="radio"/> <u>Criminal activity/destruction of property/violence</u>       |
| <input type="radio"/> <u>Reached Maximum time allowed by program</u> | <input type="radio"/> <u>Needs could not be met by program</u>                        |
| <input type="radio"/> <u>Death</u>                                   | <input type="radio"/> <u>Disappeared or Lost Contact</u>                              |
| <input type="radio"/> <u>Other: _____</u>                            | <input type="radio"/> <u>Refused</u>  |

## Destination after Leaving:

- |   |   |  |
|---|---|--|
| <input type="radio"/> <u>Emergency Shelter</u>                | <input type="radio"/> <u>Trans. Housing for Homeless Persons</u>      | <input type="radio"/> <u>Psychiatric Hospital/Facility</u> |
| <input type="radio"/> <u>Perm. Sup. for formerly Homeless</u> | <input type="radio"/> <u>Substance Abuse Treatment Facility/Detox</u> | <input type="radio"/> <u>Hospital</u>                      |
| <input type="radio"/> <u>Jail/Prison or Juv. Detention</u>    | <input type="radio"/> <u>Room/apt./house that they rented</u>         | <input type="radio"/> <u>Apt/House that they owned</u>     |
| <input type="radio"/> <u>Staying or Living w/ Family</u>      | <input type="radio"/> <u>Stay or Living w/ Friend</u>                 | <input type="radio"/> <u>Foster Care home/grp. Home</u>    |
| <input type="radio"/> <u>Hotel/Motel not paid by Subsidy</u>  | <input type="radio"/> <u>Place not meant for Habitation</u>           | <input type="radio"/> <u>Safe Haven</u>                    |
| <input type="radio"/> <u>Other _____</u>                      | <input type="radio"/> <u>Don't Know</u>                               | <input type="radio"/> <u>Refused</u>                       |

<b>Expected Duration of Destination:</b>	<input type="radio"/> <u>Permanent</u>	<input type="radio"/> <u>Transitional</u>	<input type="radio"/> <u>Don't Know</u>
	<input type="radio"/> <u>Refused</u>		

<b>Source of Support for Destination:</b>	<input type="radio"/> <u>Section 8</u>	<input type="radio"/> <u>Home Program</u>	<input type="radio"/> <u>HOPWA Program</u>
	<input type="radio"/> <u>Shelter + Care</u>	<input type="radio"/> <u>Other Housing Subsidy</u>	<input type="radio"/> <u>None</u>
	<input type="radio"/> <u>Don't Know</u>	<input type="radio"/> <u>Refused</u>	

**\*\* Complete Case Assessment and Self Sufficiency Outcomes\*\***